

Case Number:	CM15-0215103		
Date Assigned:	11/04/2015	Date of Injury:	01/20/2013
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female who sustained an industrial injury on 01/20/2013. Medical records indicated the worker was treated for unspecified derangement of shoulder, and contusion of the knee. In the provider notes of 09-11-2015, the worker is seen for complaint of constant moderate throbbing pain in the low back with stiffness. The pain radiates into the right leg with numbness, tingling, weakness and cramping rated a 7 on a scale of 0-10, and is relieved with medication. The worker complains of activity dependent moderate sharp stabbing pain in the right knee rated a 5 on a scale of 0-10 and relieved with medication. She also has constant moderate achy right shoulder pain rated a 5 on a scale of 0-10 and relieved with medication. On examination, the worker had grip strength on the right of 1, 5, 3 Kg, and on the left 10, 10,15 kg. Grip strength testing causes pain at the right forearm. Lumbar spine range of motion was decreased in all planes. Straight leg raise causes pain on the right. the right shoulder had significant decreased range of motion in all planes with flexion 90 degrees, Extension 40 degrees, abduction 110 degrees, adduction 30 degrees, external rotation 30 degrees and internal rotation 40 degrees. Supraspinatus press causes pain in the right shoulder. Shoulder apprehension test causes pain on the right. The right knee has tenderness to palpation of the anterior knee. Apley's Compression causes pain. McMurray's causes pain. Flexion was 120 degrees with extension of 0. The worker is status post-surgery of the right knee (date not given), meniscal tear, and also has diagnosis of lumbar disc displacement, right shoulder adhesive tendinitis, right shoulder osteoarthritis acromioclavicular. The worker takes Tylenol #3 for pain. A request for authorization was submitted for: 1. Corticosteroid injection right knee. 2.

Corticosteroid injection right shoulder. 3. Ortho consult. A utilization review decision 10/07/2015 certified: Corticosteroid injection right shoulder. Ortho consult and non-certified: Corticosteroid injection right knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Corticosteroid injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg: Corticosteroid injections.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, corticosteroid injection of knee is only recommended with documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and with failure of conservative care. There is no long-term benefit so must be used in addition of other therapy in an attempt to prevent surgery. Not a single criterion is met. Not medically necessary.